

# Inyo County EMCC Meeting



**LONE PINE FIRE DEPARTMENT**  
**130 JACKSON ST**  
**LONE PINE, CA**

**6:00 p.m.**  
**March 31, 2008**



## AGENDA

- I. CALL TO ORDER**
- II. APPROVAL OF JANUARY 28, 2008 MINUTES**
- III. NEW BUSINESS**
  - A. Emergency Protocol "Determination of Death on Scene" #14007
  - B. MICN Recertification Requirements
  - C. Ambulance Rates – Nurse Staffed Units
  - D. Trauma System Reports
  - E. Legislation
  - F. Scantron Data
- IV. OLD BUSINESS**
  - A. Golden State Air Ambulance
  - B. National Registry Test Site
  - C. Hospital Preparedness Program (HPP) Grant Update
  - D. Mammoth Airport Closure Update
  - E. AED Update
  - F. First Responder Training
- V. OTHER/PUBLIC COMMENT**
- VI. COMMITTEE MEMBER REQUEST FOR TOPICS FOR NEXT MEETING**
- VII. NEXT MEETING DATE AND LOCATION**
- VIII. ADJOURNMENT**

*The Inyo County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and office is located at 515 North Arrowhead Avenue, San Bernardino, CA*



## INYO COUNTY EMCC MEETING

Big Pine Fire Department  
Big Pine, California

### MINUTES January 28, 2008

#### Attendees:

Diane Fisher	ICEMA	<a href="mailto:DFisher@cao.sbcounty.gov">DFisher@cao.sbcounty.gov</a>
Sandy Evans	SIHD	<a href="mailto:sevans@qnet.com">sevans@qnet.com</a>
Jean Dickinson	Inyo County HHS	<a href="mailto:inyohhsjd@qnet.com">inyohhsjd@qnet.com</a>
Rick Maddox	Lone Pine Fire	<a href="mailto:emt@lonepinetv.com">emt@lonepinetv.com</a>
Mike Patterson	Sierra Life Flight	<a href="mailto:mike@sierraaviation.com">mike@sierraaviation.com</a>
John Marzano	Big Pine Fire	<a href="mailto:BigPineFire@chilitech.net">BigPineFire@chilitech.net</a>
Andrew Stevens	Northern Inyo Hospital	<a href="mailto:Andrew.stevens@nih.org">Andrew.stevens@nih.org</a>
Judd Symons	SES	<a href="mailto:juddsymons@aol.com">juddsymons@aol.com</a>
Joe Capello	Independence Fire	<a href="mailto:jcappello@cebridge.net">jcappello@cebridge.net</a>
Phil Ashworth	Independence Fire	<a href="mailto:philninyo@usamedia.tv">philninyo@usamedia.tv</a>
David Calloway	Big Pine Fire	
Lloyd Wilson	Big Pine Fire	<a href="mailto:dlwilson41@msn.com">dlwilson41@msn.com</a>
Paul Postle	Southern Inyo Fire Protection	<a href="mailto:paul2701@hughes.net">paul2701@hughes.net</a>
Denise Morrill	Sierra Life Flight	<a href="mailto:dmorrill@get.net">dmorrill@get.net</a>
Tamara Cohn	Inyo County HHS/PH	<a href="mailto:tcohn@qnet.com">tcohn@qnet.com</a>
Recording Secretary:	Melissa Best-Baker	<a href="mailto:inyohealth@qnet.com">inyohealth@qnet.com</a>

#### **I. CALL TO ORDER**

Meeting was called to order at approximately 6:11 P.M. by Chairperson, Paul Postle

#### **II. APPROVAL OF MINUTES**

Minutes of the November 27, 2007, meeting were reviewed and motion was made to approve the minutes. *Motion passed.*

#### **III. NEW BUSINESS**

##### **A. 2007/2008 Hospital Preparedness Program (HPP) Planning**

Tamara Cohn made a presentation on the HPP grant. The priority project that was identified at the January 14, 2008 HPP planning group meeting was hospital evacuation. EMS was asked if there were any needs that they had that would be needed when they were asked to aid the hospitals in evacuation or training needs. EMS departments were given until Friday, February 1, 2008 to call Tamara with request that they may have for this grant with the priority project in mind.

B. EMCC By-Laws

Martha Reynolds and Dr. Dillon to be appointed on Tuesday, February 5, 2008 by the Inyo County Board of Supervisors. There is still one vacant position remaining. Jean Dickinson was asked to do another advertisement through the Board Clerk. **Section A:** There were questions on how to create the staggered terms that are required. This will need further discussion. **Section E:** Should there be something about persons missing meetings over and over? San Bernardino has a clause that after mission 3 meetings, that information is sent to the Board of Supervisors who can then make a decision on that person's appointment. This will need further discussion. There were questions about the 7 agencies listed and if they needed to be invited to the EMCC meetings. Are they on the email list?

C. Rate Adjustment

No changes at this time. Diane Fisher to send Jean Dickinson the formula.

D. Legislation

AB 941, EMT-I Certification was vetoed by the Governor. Two new bills; AB 1086 and SB 254 are regarding EMT I-certification and are back in the arena for decisions.

ICEMA had a 10% budget cut; regional agencies are sending letters asking for reinstatement of the funding. Virginia Hastings is sending a letter and will send a copy to EMCC members. Virginia may request letter from the EMCC committee opposing the reduction of the funds to ICEMA. The Committee was asked if they would agree to do this. They approved the chairperson to sign a letter from the EMCC opposing the 10% cuts to ICEMA. Diane Fisher to get a draft letter to Paul Postle.

E. Protocols

1. Cardiovascular "STEMI" Receiving Centers Protocol; there are no STEMI centers in Inyo County.
  2. 12-Lead ECG Program
  3. 12-Lead Electrocardiography
- Concerns about the 12-Lead requirements were voiced. Diane Fisher stated that Dr. Vaezazizi would entertain a request for waivers. He will review each one on an individual basis. Lone Pine and Olancho will be seeking waivers. They were asked to send letters to Dr. Vaezazizi.

F. Other

Andrew Stevens asked the committee to ask ICEMA to eliminate the requirement of MICNs doing ride outs for 8 hours per year be eliminated. The issue is that there is no guarantee of calls for the ride outs and several staff members have waited for calls with none occurring. Diane shared that they would want to keep the ride out for "new MICNs". The committee approved that the request that ride outs or annual recertification for MICNs be eliminated go to ICEMA. It was understood that this request would go to Dr. Vaezazizi; if he

supported it, he would send it to Sherry; Sherry would then bring the issue to the protocol committee.

#### **IV. OLD BUSINESS**

A. Golden State Air Ambulance

Sample language from ICEMA legal counsel was provided. All members were comfortable with the document and there was no opposition to the language provided.

B. Site for the EMT National Registry test in Inyo County

ICEMA has not received anything from the State on this issue. Paul Postle, Leroy Kritz, and Lloyd Wilson made a presentation to the Board of Supervisors. The Board sent a letter to the State and other representatives. Paul will follow-up so that each member receives a copy of that letter. An article was also in the Inyo Register. ICEMA is willing to do the testing in Inyo County, but needs the State to give them permission. Each agency can send a follow-up letter.

C. First Responder Course

Mono County is implementing. The ICEMA offered program is based on National Registry standards. A first responder can do almost everything an EMT can do in the field. A first responder cannot drive the ambulance; they are also required to have an EMT with them if they go on the ambulance. ICEMA is looking at using the first responder being a stepping-stone for EMTs.

D. Prehospital EMS Data

Data was distributed.

E. Other

#### **V. OTHER/PUBLIC COMMENT**

Mike from Sierra Life Flight announced that Mammoth Airport will be closing for several months in the spring to replace the air strip. No dates have been given at this time. This will affect transports.

#### **VI. COMMITTEE MEMBER REQUEST FOR NEXT MEETING**

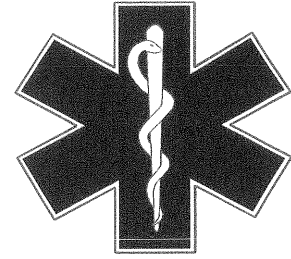
#### **VII. NEXT MEETING DATE AND LOCATION**

The next EMCC meeting will be held in Lone Pine on Monday March 31, 2008 at 6:00 PM.

#### **VIII. ADJOURNMENT**

Meeting adjourned at 8:03 P.M.

## MEMORANDUM



**DATE:** March 18, 2008

**TO:** EMS Providers – ALS, BLS, EMS Aircraft  
Hospital CEOs, ED Directors, Nurse Managers, PLNs  
EMS Training Institutions, EMS CE Providers  
Inyo, Mono and San Bernardino County EMCC Members  
Other Interested Parties

**FROM:** Reza Vaezazizi, M.D. *Reza Vaezazizi, M.D.*  
ICEMA Medical Director

Virginia Hastings *Virginia Hastings*  
ICEMA Executive Director

**SUBJECT: EMERGENCY PROTOCOL IMPLEMENTATION**

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The following emergency protocol has been revised and approved by ICEMA. **This protocol will become effective on April 1, 2008.** A copy is contained with this mailing, also available online at [www.icema.net](http://www.icema.net).

**Emergency protocol effective April 1, 2008**

**Reference # 14007 Determination of Death on Scene**

This protocol defines the criteria allowing paramedics to determine death at the scene of an incident. The new protocol clarifies the steps necessary to determine death in a blunt trauma full arrest prior to base station contact.

This emergency protocol will remain in effect for one hundred and twenty (120) days, following which the protocol will be formally adopted after public comment is reviewed.

If you have questions regarding the implementation of this emergency protocol, please do not hesitate to contact Sherri Shimshy at 909-388-5816 or [SShimshy@cao.sbcounty.gov](mailto:SShimshy@cao.sbcounty.gov).

RV:VH:ss:mae

## EMERGENCY PROTOCOL

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### DETERMINATION OF DEATH ON SCENE

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#### PURPOSE

To identify situations when an EMT-I or EMT-P may be called upon to determine death on scene.

#### POLICY

An EMT-I or EMT-P may determine death on scene if pulselessness and apnea are present with any of the following criteria. The EMT-P is authorized to discontinue BLS CPR initiated at scene if a patient falls into the category of obvious death. If any ALS procedures are initiated, only the Base Hospital physician/designee may determine death in the field. In any situation where there may be doubt as to the clinical findings of the patient, BLS/CPR must be initiated and the Base Hospital contacted, per Protocol Reference #14008, Do Not Resuscitate Policy. When death is determined, the County Coroner must be notified along with the appropriate law enforcement agency.

#### DETERMINATION OF DEATH CRITERIA

1. Decomposition.
2. Obvious signs of rigor mortis such as rigidity or stiffening of muscular tissues and joints in the body which occurs anytime after death and usually appears in the head, face and neck muscles first.
3. Obvious signs of venous pooling in dependent body parts, lividity such as mottled bluish-tinged discoloration of the skin, often accompanied by cold extremities.
4. Decapitation.
5. Incineration of the torso and/or head.
6. Massive crush injury and/or penetrating injury with evisceration or total destruction of the heart, lung and/or brain.
7. Gross dismemberment of the trunk.
8. Traumatic cardiac arrest in the setting of severe blunt force trauma, documented asystole in at least 2 leads, and no reported Vital signs (palpable pulses and/or spontaneous respirations) during EMS encounter with the patient.

**EMERGENCY PROTOCOL**

**PROCEDURE**

1. If the patient does not meet the above criteria for obvious death, appropriate interventions must be initiated.
2. All patients in ventricular fibrillation should be resuscitated and transported unless otherwise determined by the Base Hospital Physician/designee.
3. Resuscitation efforts shall not be terminated enroute per civil code 27491 the patient will be transported to the closest facility where determination of death will be made by hospital staff.
4. Most victims of electrocution, lightning, and drowning should have resuscitative efforts begun and transported to the appropriate Hospital/Trauma Center
5. Hypothermic patients should be treated per Protocol Reference #10006 Hypothermia – Severe.
6. All terminated resuscitation efforts must have an ECG attached to the patient care report.
7. All conversations with the Base Hospital must be fully documented with the name of the Base Hospital Physician who determined death, times, and instructions on the patient care report.
8. A DNR report form must be completed, if applicable per Protocol Reference #14008.
- 9. A copy of the patient care report must be made available for the coroner.**

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## DETERMINATION OF DEATH ON SCENE

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### PURPOSE

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### POLICY

An EMT-I or EMT-P may determine death on scene if pulselessness and apnea are present with any of the following criteria. The EMT-P is authorized to discontinue BLS CPR initiated at scene if a patient falls into the category of obvious death. If any ALS procedures are initiated, only the Base Hospital physician/designee may determine death in the field. In any situation where there may be doubt as to the clinical findings of the patient, BLS/CPR must be initiated and the Base Hospital contacted, per Protocol Reference #14008, Do Not Resuscitate Policy. When death is determined, the County Coroner must be notified along with the appropriate law enforcement agency.

### Determination of Death Criteria

1. Decomposition.
2. Obvious signs of rigor mortis such as rigidity or stiffening of muscular tissues and joints in the body which occurs anytime after death and usually appears in the head, face and neck muscles first.
3. Obvious signs of venous pooling in dependent body parts, lividity such as mottled bluish-tinged discoloration of the skin, often accompanied by cold extremities.
3. Decapitation.
4. Incineration of the torso and/or head.
5. Massive crush injury and/or penetrating injury with evisceration or total destruction of the heart, lung and/or brain
6. Gross dismemberment of the trunk.
7. ~~Blunt Trauma.~~ Traumatic cardiac arrest in the setting of severe blunt force trauma, documented asystole in at least 2 leads, and no reported vital signs (palpable pulses and/or spontaneous respirations) during EMS encounter with the patient.



## PROCEDURE

1. If the patient does not meet the above criteria for obvious death, appropriate interventions must be initiated.
2. All patients in ventricular fibrillation should be resuscitated and transported unless otherwise determined by the Base Hospital Physician/designee.
3. Resuscitation efforts shall not be terminated enroute per civil code 27491. The patient will be transported to the closest facility where determination of death will be made by hospital staff. If resuscitation efforts are terminated enroute, the patient will be transported to the closest facility.
4. Most victims of electrocution, lightning, and drowning should have resuscitative efforts begun and transported to the appropriate Hospital/Trauma Center
5. Hypothermic patients should be treated per Protocol Reference #10006 Hypothermia – Severe.
6. All terminated resuscitation efforts must have an ECG attached to the patient care report. per current AHA ECC guidelines.
7. All conversations with the Base Hospital must be fully documented with the name of the Base Hospital Physician who determined death, times, and instructions on the patient care report.
8. A DNR report form must be completed, if applicable per Protocol Reference #14008
9. **A copy of the patient care report must be made available for the coroner.**

# EMSAAC Legislative Bill Chart 2008- #7

## March 14, 2008

Bill Number/ Author/Location	Description	EMSAAC Position	Letters to Committee Comments
	<b>Assembly Bills</b>		
AB 38/Nava S – Public Safety Failed Passage Recon Granted Amended 5/1/07	Consolidates the Office of Emergency Services and Office of Homeland Security into one department.	Watch	
AB 64/Berg S – Appr Amended 7/11/07	Enacts the Uniform Volunteer Health Practitioners Act which would provide procedures to register volunteer health practitioners with valid and current licenses in other states. Allows a volunteer to practice, through a host entity, health or veterinary services as appropriate to his or her license for the duration of a state or local emergency. Requires coordination between EMSA and OES.	Watch	
AB 211/Jones S – Floor Inactive File Amended 9/5/07	Authorizes a local health officer to provide public health input to cities and counties as it relates to local land use planning and transportation planning processes.	Watch	Previously AB 437/Jones.
<b>NEW BILL</b> AB 1646/DeSaulnier S – Health and Rev & Tax Amended 1/17/08	Allows a Board of Supervisors to establish a public health district to provide disease prevention, surveillance and containment. Each district established shall be governed by a governing board that, at the discretion of the BOS, consists of members of the BOS, members appointed by the BOS or members elected by the voters of the district. If approved by the voters, BOS may levy a sales and use tax to provide funding for these purposes.	Watch	
AB 1929/Beall A – Health <b>Set for hearing</b> 3/25/08	Extends supplemental reimbursement provisions, already provided to DSH hospitals, to capital projects of Level I trauma centers, to the extent federal financial participation is available.	<b>SIA</b>	Would like the bill to apply to Level II trauma centers also.
<b>NEW BILL</b> AB 2130/Hayashi	Exempts health studios without personnel on premises from requirement to have AEDs available. Such exempted studios must have a telephone on the premises and signs posted regarding the risks of exercising alone and instructions on CPR and AED use.		
<b>NEW BILL</b> AB 2185/Torrico	Changes definitions in existing law on public safety communications systems including the meaning of “backward compatibility” that all systems purchased are able to function with prior versions of equipment and “standards-based equipment or systems” meaning equipment built to a voluntary consensus-based industry standard or governmentally recognized industry standard.	Watch	

Bill Number/ Author/Location	Description	EMSAAC Position	Letters to Committee Comments
<b>NEW BILL</b> AB 2207/Lieu	Intent bill on emergency room overcrowding.	Watch	
<b>NEW BILL</b> AB 2257/Hernandez <b>A – Health</b> <b>Set for hearing</b> <b>4/1/08</b>	Enacts the Ambulance Payment Reform Act of 2008 providing that emergency basic life support and advanced life support services are covered under Medi-Cal when it is determined by DHCS a patient could reasonably expect that an absence of immediate medical attention would result in significant adverse health effects.	<b>S-1</b>	
<b>NEW BILL</b> AB 2262/Torrico	Allows fire agencies to designate child “safe-surrender sites”. Also extends the amount of time when a baby may be surrendered from 72 hours to 7 days.	Watch	
<b>NEW BILL</b> AB 2400/Price	Spot bill regarding hospital closures.	Watch	
<b>NEW BILL</b> AB 2490/Jeffries <b>A – Public Safety</b> <b>Set for hearing</b> <b>3/25/08</b>	Creates the CA Public Safety Agency, folding in the following entities: CA Highway Patrol, Department of Forestry, EMSA, Department of Corrections and Rehabilitation, OES, Homeland Security, the State Fire Marshall and the Office of Traffic Safety	OUA	Amendment: Removal of EMSA
<b>NEW BILL</b> AB 2697/Huffman <b>A – Health</b> <b>Set for hearing</b> <b>4/1/08</b>	Adds emergency room and on-call physicians to the list of entities DPH and EMSA must consult with regarding designating signage requirements for health facilities holding a special permit for standby emergency medical services in an urban area.	O-3	
<b>NEW BILL</b> AB 2702/Nunez	Adds standby emergency services in a Los Angeles facility to the list of eligible entities for Maddy Fund emergency services reimbursements.	O-3/OUA?	
<b>NEW BILL</b> AB 2819/DeSaulnier	Provides first responder civil or criminal liability immunity when said responder is providing emergency care during the scope of their duties unless they perform in bad faith or in a grossly negligent manner with demonstrable and willful criminal intent.	Watch	
<b>NW BILL</b> AB 2917/Torrico	EMT licensure spot bill.	Watch	
<b>NEW BILL</b> AB 2996/De La Torre <b>A – Health</b> <b>Set for hearing</b> <b>4/1/08</b>	Requires the Department of Public Health and local health departments to establish a process when conducting exercises on the outbreak of an infectious disease to identify any deficiencies in the preparedness plans and procedures and track implementation of corrective measures.	Watch	
<b>NEW BILL</b> AB 3000/Wolk	Redefines a request to forgo resuscitative measures to a “request regarding resuscitative measures”. Also defines a <i>Physician Order for Life Sustaining Treatment</i> form.	Watch	
	<b>SENATE BILLS</b>		

<b>Bill Number/ Author/Location</b>	<b>Description</b>	<b>EMSAAC Position</b>	<b>Letters to Committee Comments</b>
SB 261/Romero A – Appr Suspense File Amended 8/20/07	Eliminates some of the qualifying criteria for the distribution of trauma funding. Requires EMSA to establish a statewide trauma registry and requires LEMSAs to provide data to the Authority by 7/1/09 based on criteria developed by EMSA. Authorizes EMSA to audit trauma care facilities and makes EMSA the lead agency responsible for the centralized state regional trauma system.	S-2	8/10 Letter to Assembly Appropriations.
SB 981/Perata S – Health & Appr	Requires any non-contracting hospital-based physician who provides emergency services in a hospital to a health plan's enrollee to seek reimbursement for medically necessary emergency services provided to the health plan enrollee.	<b>Watch</b>	
SB 1141/Margett S – Health <b>Set for hearing 4/2/08</b>	Declares that it's the policy of the state to promote an emergency readiness capability for public use aircraft though the law may not be construed as restricting or authorizing a restriction on the use of public aircraft for emergency services.	WC	
SB 1236/Padilla S – Public Safety <b>Set for hearing 3/25/08</b>	Extends indefinitely existing that that allows a county board of supervisors to levy an additional penalty in the amount of \$2 for every \$10, upon fines, penalties and forfeitures collected for criminal offenses while also requiring counties, that have pediatric trauma units, to spend up to 15% of the funds collected pursuant to these provisions for pediatric trauma centers.	S-1	3/14 Letter to Senate Public Safety.  Sponsor: San Bernardino & LA County Sheriffs
<b>NEW BILL</b> SB 1501/Alquist	Spot bill on emergency preparedness.	Watch	
<b>NEW BILL</b> SB 1533/Ashburn S – Health <b>Set for hearing 4/2/08</b>	EMT licensure bill.	Watch	Sponsor: CAA
<b>NEW BILL</b> SB 1537/Kehoe	Intent bill on the Emergency Services Act.	Watch	

CHEAC Legislative Position Chart

<b>S - 1</b> Strong Support	<b>S - 2</b> Soft Support	<b>S - 3</b> Discretionary Support	<b>SIA</b> Support if Amended
<b>O - 1</b> Strong Oppose	<b>O - 2</b> Soft Oppose	<b>O - 3</b> Discretionary Oppose	<b>OUA</b> Oppose Unless Amended
<b>WC</b> Watch with Concerns	<b>W - SIB</b> Watch - Special Interest Bill	<b>W</b> Watch	<b>R/BB</b> Refer/Bring Back



## BOARD OF SUPERVISORS COUNTY OF INYO

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January 8, 2008

Mr. Cesar A. Aristeiguieta, M.D.  
Emergency Medical Services Authority  
1930 Ninth Street, Suite 100  
Sacramento, CA 95814

Re: NREMT Sites

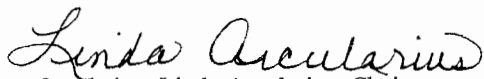
Dear Dr. Aristeiguieta:

The Inyo County Board of Supervisors strongly supports our Inyo County Emergency Medical Care Committee (EMCC), which values the standardization of Emergency Medical Technicians through the National Registry as a means to ensure all EMTs are trained to the same level. However, the Board and the EMCC are concerned the certification process has placed an unusual strain on local EMS agencies and their volunteer EMTs along the Eastern Sierras.

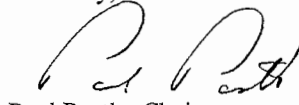
Additionally, we are concerned about the availability of National Registry testing sites for EMTs in our region. EMS providers along the Eastern Sierra's are made up of volunteer staff that are required to obtain certification at their own expense. Besides losing time and money from work to complete the EMT certification process, volunteer EMTs in Inyo County will be required to travel between 235 and 264 miles in order to become certified. The closest National Registry Testing Center is in the Los Angeles area and is estimated to cost a minimum of \$227.95 per round trip. The EMCC predicts that many volunteer EMT's in Inyo County may allow their certification to expire because the cost associated with the distance of testing for National Registry is too much to deal with. A decrease in EMS staff in Inyo County will severely impact the availability of pre hospital care and significantly impact the health care system within Inyo County.

The EMCC recognizes that National Registered EMTs translates into better pre hospital care providers. However, the cost associated with becoming an EMT in California is placing a financial burden on local EMS agencies and their volunteers. To help reduce the financial burden to local EMS agencies and their volunteers, the EMCC is respectfully asking the EMSA to consider placing a National Registry Testing Center along the Eastern Sierra corridor. The Board and the EMCC believe there are a couple of locations that are secure and readily available for local National Registry testing. Please let us know what the County of Inyo and our EMCC can do to help you facilitate our request.

Sincerely,

  
Supervisor Linda Arcularius, Chairperson  
Inyo County Board of Supervisors

Sincerely,

  
Paul Postle, Chairperson  
Inyo County Emergency Medical Care Committee

cc: Diane Fisher, ICEMA  
Governor Arnold Schwarzenegger  
Senator Roy Ashburn  
Assemblyman Bill Maze  
RCRC  
CSAC



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in Mammoth**

## Officials work to save EMTs

Friday, 11 January 2008

By Mike Gervais  
Register Staff

1-10-2008

In an attempt to ensure that Inyo County doesn't lose its cadre of volunteer EMTs and firefighters, local officials are working on a way to make it easier for first responders to become and stay certified.

Three local fire officials along with a representative from Inyo County Health and Human Services are lobbying the California Emergency Medical Services Authority for a new first-responder testing site in the Eastern Sierra.

Those four individuals got support from the Inyo County Board of Supervisors on Tuesday, when they explained that all they really want is a standardized EMT testing facility somewhere in or near Inyo County to help cut the costs incurred by local volunteers who currently have to go to the Los Angeles area to complete their EMT mandates.

Southern Inyo Fire Protection District Chief Paul Postle (also chairman of the Inyo County Emergency Medical Care Committee), Lone Pine Fire Chief Leroy Kritz, Big Pine Assistant Fire Chief Lloyd Wilson and Inyo County Health and Human Services Director Jean Dickinson were in attendance at Tuesday's Board of Supervisors meeting in support of drafting a letter to Emergency Medical Services Authority Director Cesar A. Aristeiguieta, M.D. requesting more regional training sites for EMTs.

The Board of Supervisors showed unanimous support and agreed to sign the letter Postle drafted to the Emergency Medical Services Authority and attempt to reach local legislators and garner more support for the cause.

"The Inyo County Emergency Medical Care Committee (EMCC) values the standardization of Emergency Medical Technicians through the National Registry as a means to ensure all EMTs are trained to the same level," states the letter to the Emergency Medical Services Authority. "However, the EMCC is concerned the certification process has placed an unusual strain on local EMS agencies and their volunteer EMTs along the Sierra."

Postle explained that the Inyo County EMCC fears that these added burdens on the county's mostly volunteer EMT staff may result in a decline in trained emergency medical responders.

"The EMCC is concerned about the availability of National Registry testing sites for EMTs," Postle told the board of Supervisors on Tuesday. "All the National Registry testing sites are on the Coast."

Local EMS providers throughout most of Inyo and Mono counties work on a volunteer basis and have traditionally obtained the required training and certification to work as an EMT at their own expense. Lately those expenses, including the cost of physicals, testing, classes and gas expenses to travel between 235 and 264 miles to testing sites, have been on the rise. According to Postle, the closest National Registry testing center is in the Los Angeles area "and is estimated to cost a minimum of \$227.95 per round trip" just to get to the testing site. There is also a charge to take the test, he said. In his letter to the Emergency Medical Services Authority, Postle also points out that because most local EMTs are volunteers, they are taking time off from their regular jobs and losing pay to take the test and



receive certification.

"The EMCC predicts that many volunteer EMTs in Inyo County may allow their certification to expire because the cost associated with the distance of testing for National Registry is too much to deal with," states the letter.

"The EMCC recognizes that the National Registered EMTs translates into better pre-hospital care," Postle told supervisors, reading from the letter to the Emergency Medical Services Authority. "However, the cost associated with becoming an EMT in California is placing a financial burden on local EMS agencies and their volunteers."

Postle is hoping that, with the aid of Inyo County and local emergency service agencies, the Emergency Medical Services Authority will consider placing a National Registry Testing Center along the Eastern Sierra corridor.

According to Postle, the EMCC can even help the Emergency Medical Services Authority identify "secure and available locations within the area that could serve as a National Registry testing site.

Inyo County First District Supervisor Linda Arcularius suggested that the board get involved by contacting local legislators to obtain more support.

The Board of Supervisors also suggested getting in touch with first responders in Mono and Alpine counties and requesting they generate a similar letter, as both those counties rely on volunteer EMTs, much like Inyo County, and are facing the same financial hardships.

Second District Supervisor Susan Cash recommended that the Inyo County Board of Supervisors agendaize a discussion regarding a new National Registry testing center on the Eastern Sierra Council of Governments agenda to ensure that the City of Bishop, Mammoth Lakes and Mono County all have the opportunity to participate.

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...good idea for kids to have a safe path to school and not worry about the increased traffic on West Line Street during the peek hours in the morning.

Carlos Hernandez - Bishop, CA

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